



**Clinical Privileges Profile  
Critical Care**

**Kettering Medical Center System**

**Kettering Medical Center**       **Sycamore Medical Center**

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR CRITICAL CARE**

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**To be eligible to apply for core privileges in critical care, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty, and successful completion of an accredited fellowship in critical care medicine.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within six years after completion of said fellowship leading to subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties or the American Osteopathic Board.

**Required previous experience:** Applicants for initial appointment must be able to provide inpatient care, reflective of the scope of privileges requested, to at least 100 patients in the critical care unit during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months, plus ACLS, ATLS, PALS or APLS provider status.

**Reappointment requirements:** To be eligible to renew core privileges in critical care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (200 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing

professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## CORE PRIVILEGES

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### CRITICAL CARE CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with complex medical, neurologic, postsurgical, periparturient with multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

### ADMINISTRATION OF SEDATION AND ANALGESIA

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- Requested** See Hospital Policy for Moderate Sedation

## CORE PROCEDURE/PRIVILEGE LIST

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*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Airway maintenance intubation, including therapeutic fiberoptic bronchoscopy and laryngoscopy
2. Arterial puncture
3. Arthrocentesis
4. Bone marrow aspirations and biopsy
5. Bronchial lavage w/wo fiberoptic bronchoscopy
6. Cardiopulmonary resuscitation
7. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
8. Cardiac output determinations by thermodilution and other techniques
9. Cardioversion
10. Central cooling
11. Echocardiography (bedside evaluation)
12. Electrocardiography (preliminary bedside interpretation)
13. Evaluation of oliguria
14. Hemofiltration
15. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
16. Insertion of hemodialysis and peritoneal dialysis catheters
17. Intracranial pressure monitoring
18. Lumbar puncture
19. Management of anaphylaxis and acute allergic reactions
20. Management of life-threatening disorders in intensive care units including but not limited to shock, anaphylaxis, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
21. Management of massive transfusions

22. Management of the immunosuppressed patient
23. Monitoring and assessment of metabolism and nutrition
24. Needle and tube thoracostomy
25. Paracentesis
26. Percutaneous needle aspiration of palpable masses
27. Perform history and physical exam
28. Pericardiocentesis
29. Peritoneal lavage
30. Preliminary interpretation of imaging studies
31. Temporary cardiac pacemaker insertion and application
32. Thoracentesis
33. Transtracheal aspiration
34. Image guided procedures (ultrasound and fluoroscopy)
35. Use of reservoir masks, nasal prongs/canulas and nebulizers for delivery of supplemental oxygen and inhalants
36. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP, CPAP, NIPVV)
37. Wound care

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Credentials Committee action** **Date:** \_\_\_\_\_

**Medical Executive Committee action** **Date:** \_\_\_\_\_

**Board of Directors action** **Date:** \_\_\_\_\_

Adopted: November 11, 2010